

<i>SERFF Tracking Number:</i>	<i>AMLC-126656521</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>American Income Life Insurance Company</i>	<i>State Tracking Number:</i>	<i>45855</i>
<i>Company Tracking Number:</i>	<i>2010ARAIPRE</i>		
<i>TOI:</i>	<i>MS021 Individual Medicare Supplement - Pre-Standardized</i>	<i>Sub-TOI:</i>	<i>MS021.000 Medicare Supplement - Pre-Standardized</i>
<i>Product Name:</i>	<i>2010 Individual Pre-standardized Medicare Supplement Rate Filing</i>		
<i>Project Name/Number:</i>	<i>2010 Rate Filing/2010ARAIPRE</i>		

## Filing at a Glance

Company: American Income Life Insurance Company

Product Name: 2010 Individual Pre-standardized Medicare Supplement Rate Filing      SERFF Tr Num: AMLC-126656521      State: Arkansas

TOI: MS021 Individual Medicare Supplement - Pre-Standardized      SERFF Status: Closed-Approved-Closed      State Tr Num: 45855

Sub-TOI: MS021.000 Medicare Supplement - Pre-Standardized      Co Tr Num: 2010ARAIPRE      State Status: Approved-Closed

Filing Type: Rate      Reviewer(s): Stephanie Fowler

Authors: Angela Fincher, Sue Fisher      Disposition Date: 06/04/2010

Date Submitted: 06/02/2010      Disposition Status: Approved-Closed

Implementation Date Requested: 08/01/2010

Implementation Date: 08/01/2010

State Filing Description:

## General Information

Project Name: 2010 Rate Filing

Project Number: 2010ARAIPRE

Requested Filing Mode: Review & Approval

Status of Filing in Domicile: Pending

Date Approved in Domicile:

Domicile Status Comments: A filing was submitted to Indiana our state of Domicile on 06-02-2010 and is pending review

Market Type: Individual

Group Market Size:

Group Market Type:

Explanation for Other Group Market Type:

State Status Changed: 06/04/2010

Created By: Sue Fisher

Corresponding Filing Tracking Number:

Explanation for Combination/Other:

Submission Type: New Submission

Overall Rate Impact: 8%

Filing Status Changed: 06/04/2010

Deemer Date:

Submitted By: Angela Fincher

Filing Description:

2010 Annual Rate Filing for Individual Pre-Standardized Medicare Supplement Policy Forms.

Attached is our 2010 Annual Rate Filing for the above policy forms. An Actuarial Memorandum, premium rate schedule,

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 Standardized Standardized  
 Product Name: 2010 Individual Pre-standardized Medicare Supplement Rate Filing  
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and other supporting documentation are provided for your consideration.

We are requesting rate changes as indicated below and on our Rate Filing Summary Page that is included in this filing.

H41000 +8.0%

H42000 +8.0%

## Company and Contact

### Filing Contact Information

Sue Fisher, Rate Compliance Specialist sfisher@torchmarkcorp.com  
 3700 S. Stonebridge Drive 972-569-3241 [Phone]  
 McKinney, TX 75070 972-569-3679 [FAX]

### Filing Company Information

American Income Life Insurance Company	CoCode: 60577	State of Domicile: Indiana
P.O. Box 2608	Group Code: 290	Company Type: Life and Health
Waco, TX 76797	Group Name: Liberty National	State ID Number: 498
(254) 761-6761 ext. [Phone]	FEIN Number: 74-1365936	

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## Filing Fees

Fee Required?	Yes
Fee Amount:	\$50.00
Retaliatory?	No
Fee Explanation:	
Per Company:	No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
American Income Life Insurance Company	\$50.00	06/02/2010	36950980

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## Correspondence Summary

### Dispositions

Status	Created By	Created On	Date Submitted
Approved-Closed	Stephanie Fowler	06/04/2010	06/04/2010

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## Disposition

Disposition Date: 06/04/2010

Implementation Date: 08/01/2010

Status: Approved-Closed

Comment: The requested rate increase has been approved to be implemented on or after August 1,2010. This approval is subject to the following:

- Increases will not be given more frequently than once in a twelve-month period;
- The insured shall be notified by the insurer of its intention to increase the rate for renewal not less than thirty (30) days prior to the effective date of the renewal.

Company Name:	Overall % Indicated Change:	Overall % Rate Impact:	Written Premium Change for this Program:	# of Policy Holders Affected for this Program:	Written Premium for this Program:	Maximum % Change (where required):	Minimum % Change (where required):
American Income Life Insurance Company	8.000%	8.000%	\$	10	\$	8.000%	8.000%

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<b>Schedule</b>	<b>Schedule Item</b>	<b>Schedule Item Status</b>	<b>Public Access</b>
<b>Supporting Document</b>	Health - Actuarial Justification	Approved	No
<b>Supporting Document</b>	2010 AR Supporting Documents	Approved	No
<b>Rate</b>	2010 AR Rate Page(s)	Approved	Yes

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## Rate Information

Rate data applies to filing.

<b>Filing Method:</b>	SERFF
<b>Rate Change Type:</b>	Increase
<b>Overall Percentage of Last Rate Revision:</b>	8.000%
<b>Effective Date of Last Rate Revision:</b>	12/10/2009
<b>Filing Method of Last Filing:</b>	SERFF

## Company Rate Information

Company Name:	Overall % Indicated Change:	Overall % Rate Impact:	Written Premium Change for this Program:	# of Policy Holders Affected for this Program:	Written Premium for this Program:	Maximum % Change (where required):	Minimum % Change (where required):
American Income Life Insurance Company	8.000%	8.000%		10		8.000%	8.000%

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## Rate/Rule Schedule

Schedule Item Status:	Document Name:	Affected Form Numbers: (Separated with commas)	Rate Action:	Rate Action Information:	Attachments
Approved 06/04/2010	2010 AR Rate Page(s)	H41000, H42000	Revised	Previous State Filing Number: Percent Rate Change Request:	43620 8.000
					2010 AR Rate Pages.pdf

AMERICAN INCOME LIFE INSURANCE COMPANY  
Waco, Texas

Policy Form H41000 & H43000

2010 Annual Medicare Rate Filing

ARKANSAS

Current and Proposed Annual Premium Rates  
For Policies Issued with Community Rates

Issue Age (Male or Female)	Current Annual Premium	Proposed Annual Premium
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BASE POLICY

All Ages	\$4,166.30	\$4,499.60
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BQ RIDER

All Ages	\$ 882.70	\$ 953.30
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Modal Premium Factors:

Semi-Annual	=	Annual * .520	(rounded to near cent)
Quarterly	=	Annual * .265	(rounded to near cent)
Monthly	=	Annual * .090	(rounded to near cent)
Monthly Bank Draft	=	(Annual / 12) + \$0.25	(rounded to near cent)



AMERICAN INCOME LIFE INSURANCE COMPANY  
Waco, Texas

Policy Form H42000

2010 Annual Medicare Rate Filing

ARKANSAS

Current and Proposed Annual Premium Rates  
For Policies Issued with Community Rates

Issue Age (Male or Female)	Current Annual Premium	Proposed Annual Premium
All Ages	\$3,762.10	\$4,063.10

Modal Premium Factors:

Semi-Annual = Annual \* .520 (rounded to near cent)  
Quarterly = Annual \* .265 (rounded to near cent)  
Monthly = Annual \* .090 (rounded to near cent)  
Monthly Bank Draft = (Annual / 12) + \$0.25 (rounded to near cent)